

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-27007
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Robertson Resources, Inc.		6. State Oil & Gas Lease No. L-786
3. Address of Operator P.O. Box 9415		7. Lease Name or Unit Agreement Name Gulf State
4. Well Location Unit Letter B : 990 feet from the North line and 1980 feet from the East line Section 9 Township 18S Range 35E NMPM 10A County ✓		8. Well Number 004
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 195670
		10. Pool name or Wildcat Buckeye Abo

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **Status Change: Idle → Active**

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/1/13 Brought well back into production. Cleaved location, installed new panel box, repaired electrical service, tested anchors, hook + test well.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Scott Little
Scott Little

TITLE

Op. Mgr.

DATE

8/15/13

Type or print name
For State Use Only

E-mail address:

ST/5361 @ ADL.GOV

PHONE:

432-688-5106

APPROVED BY:

Mark Whitaker

TITLE

Compliance Officer

DATE

12-5-2013

Conditions of Approval (if any):

DEC 09 2013